



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
245 MCKEE ROAD
DOVER, DELAWARE 19904

TO: All Offerors

FROM: Craig Fetzer
Purchasing Services Administrator

SUBJECT: Addendum to Professional Services Request for Proposal (RFP)
Contract No. DOC20026-HEALTHCARE

ADDENDUM #3 – December 12, 2019
CONSOLIDATED QUESTIONS & ANSWERS

Referencing RFP Document:

Section: III

Sub Section: A

Page number: 3-4, 14-15

Text of passage being questioned: "Pages 3-4: The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information within this RFP may result in rejection of the proposal at the sole discretion of the State:

- A. Minimum Requirements (Requirements 1-9)
- B. General Evaluation Requirements (Requirements 1-7)"

"Pages 14-15: All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the Evaluation Team to evaluate proposals: Criteria 1-7). Vendors are encouraged to review the evaluation criteria and to provide a response that addresses each of the scored items. Evaluators will not be able to make assumptions about a vendor's capabilities so the responding vendor should be detailed in its proposal responses."

Question: Please clarify if the evaluation team would prefer that vendors' proposals present their proposals in the sequence following the order and placement in Section III. A, Minimum Requirements on pages 3-4 over the order and placement of the evaluation requirements in Section 2, Proposal Selection Criteria on pages 14-15.?

Answer: Vendor should present its proposal in the sequence following the order and placement in Section III. A, Minimum Requirements on pages 3-4.

Question: To ensure the most competitive proposals from Vendors, would the DOC consider extending the deadline for receipt of proposals by one week?

Answer: Refer to RFP Addendum #2. The deadline for receipt of proposals is December 23, 2019 at 2:00 PM (local time).

Section: III

Sub Section: A

Page number: 4

Text of passage being questioned: “Vendor shall provide responses to the Request for Proposal (RFP) as presented in Appendix B – Scope of Work and Technical Requirements. Vendor responses shall be thoroughly detailed. Vendor’s response shall acknowledge and expect that services will be provided at all DDOC facilities designated in Appendix B. Vendor’s response shall thoroughly describe how it will meet all requirements stipulated in Appendix B.”

Question: To ensure our responses are not overly lengthy, please clarify that vendors are to provide one area of response to each item in Appendix B, as long as responses: Contain thoroughly detailed answers (Item 4), Acknowledge and accept the terms of services for each portion with a statement of agreeance (Item 5), Thoroughly describe how we will meet all requirements. (Item 6)?

Answer: Yes

Section: III

Sub Section: A

Page number: 4

Text of passage being questioned: Proof of insurance and amount of insurance shall be furnished to the Agency prior to the start of the contract period and shall be no less than as identified in the bid solicitation, Section V, Item 8, subsection g (insurance).

Question: Please confirm that vendors do not need to include the COI with their proposals and that only the awarded vendor will need to provide at the time of contract

Answer: Confirmed.

Section: IV

Sub Section: B

Paragraph number: 11

Page number: 8-9

Text of passage being questioned: “Vendor(s) may submit portions of a proposal considered to be confidential business information in a separate, sealed envelope labeled “Confidential Business Information” and include the specific RFP number. The envelope must contain a letter describing the documents in the envelope, representing in good faith that the information in each document is not “public record” as defined by 29 Del. C. §10002, and briefly stating the reasons that each document meets the said definitions.”

Question: In lieu of removing numerous single pages and disturbing the flow of the evaluators, would it be permissible to include only an electronic version of our redacted proposal on a separate USB drive that includes our claim of confidentiality letter and has those sections already removed or covered?

Answer: Yes, it is permissible.

Section: IV

Sub Section: B.13.b

Page number: 10

Text of passage being questioned: “Use of subcontractors must be clearly explained in the proposal, and subcontractors must be identified by name.”

Question: Please define subcontractor. For example, does subcontractor refer to the provision of medical services? Or, are supply vendors, such as those for office supplies, medical supplies, etc., to be considered subcontractors as well?

Answer: Subcontractor refers to the provision of medical services.

Question: Will the DDOC please provide a list of the sub-contractors utilized by the current vendor?

Answer: The vendor is responsible to identify subcontractors they will utilize for their staffing or services.

Section: IV

Sub Section: B.15

Page number: 10

Text of passage being questioned: "Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of vendor. Should vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, vendor shall notify the State of Delaware's Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening."

Question: Will the State allow at least ten (10) business days from the date answers to questions are published, to allow vendors to evaluate the information provided and incorporate it in their bids, before the proposal opening?

Answer: No. Refer to RFP Addendum #2. The deadline for receipt of proposals is December 23, 2019 at 2:00 PM (local time).

Section: IV

Sub Section: C

Paragraph number: 2

Page number: 14

Question: Please clarify by what criteria, process, or formula will make up the 20 points assigned to a vendor's price?

Answer: The lowest price vendor would receive the full 20 points. The other vendors receive proportional scores with the formula as: (lowest price/price being considered) x total points

Question: In what format or using what template are vendors required to submit their pricing?

Answer: Vendor's price proposal shall be submitted using Appendix E available at <https://bids.delaware.gov> Appendix E represents the annual cost that DDOC will pay the awarded vendor based upon its submitted annual operating budget.

Section: V

Sub Section: 8.f.1

Page number: 19

Text of passage being questioned: "By submitting a proposal, the proposing vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the vendor's, its agents and employees' performance work or services in connection with the contract."

Question: In addition to the CLASI settlement agreement regarding mentally ill inmates, is the DDOC currently under any investigation from the Department of Justice or other agency; subject to any consent decree, stipulation, settlement decree, or memorandum of agreement; or currently involved in defending class action litigation, related to the provision of healthcare services encompassed by this RFP?

Answer: Yes under investigation by US DOJ regarding ADA compliance specifically related to hearing impaired offenders. DE DOJ has pending investigation of current behavioral health vendor regarding treatment at SCCC.

If so, please identify these matters and provide controlling documentation sufficient to determine the requirements for healthcare under the action?

Answer: DDOC declines to provide this information at this time.

Question: Will the State please provide the number of inmate healthcare lawsuits currently pending in which the State, its employees or agents are a named party?

Answer: DDOC or its employees have approximately 100 pending lawsuits. Approximately one-third of those cases involve, at least in part, a claim related to the provision of healthcare services.

Question: Will the State please provide a list of the inmate healthcare cases closed over the last two (2) years and the outcome of the cases including the amount of any payments (judgments or settlements) paid by the State over the course of the last two (2) years?

Answer: DDOC declines to provide this information.

Question: Does any of your facilities currently operate under a consent decree or have similar oversight?

Answer: Refer to [CLASI v. Coupe, C.A. No. 15-688 \(D. Del. Sept. 1, 2016\)](#)

Section: V

Subsection: 8.i

Page number: 21

Text of passage being questioned: "The selected Vendor will warrant that it possesses, or has arranged through subcontractors, all capital and other equipment, labor, materials, and licenses necessary to carry out and complete the work hereunder in compliance with any and all Federal and State laws, and County and local ordinances, regulations and codes"

Question: Are MRIs or CT scans provided onsite at DDOC facilities?

Answer: No.

Question: Will the DDOC please provide a list of all equipment needs that currently exist at each facility?

Answer: Any piece of equipment over \$500.00 is the department's responsibility to purchase. Currently all equipment needs are being met. Each request of equipment over \$500.00 will be subject to the department's approval.

Question: Is the onsite x-ray equipment digital?

Answer: All dental x-ray equipment is digital. Non-dental current vendor subcontracts with mobile vendor.

Question: Will the DDOC please list the age and condition of the x-ray equipment at each DDOC facility?

Answer: Dental x-ray equipment is less than two years old.

Question: Will the equipment owned by the current vendor remain with the State of Delaware DOC for the new vendor? If so, please provide a list of all. Please include description/model and current condition

Answer: Equipment purchased by the DDOC will remain.

Question: Will the DDOC please provide a list of all equipment owned by the current vendor, to include description/model and current condition?

Answer: Any equipment owned by the current vendor is not inventoried by the DDOC.

Section: V

Subsection: 8.i

Page number: 21

Text of passage being questioned: "Each bidder shall furnish a Bid Bond to the State of Delaware for the benefit of the Department of Correction in the amount equal to 10% of the respective bid value."

Question: Is the "respective bid value" an amount representing the full three-year initial term or an annual amount for the first contract year?

Answer: The amount shall be equal to 10% of the respective bid value for the first contract year.

Section: V

Subsection: 8.j

Page number: 21

Text of passage being questioned: "Contractors awarded contracts are required to furnish a 100% Performance Bond to the State of Delaware for the benefit of the Delaware Department of Correction with surety in the amount of 100% of the specific award."

Question: Does the "specific award" represent an amount for the full three-year initial term or an annual amount for each contract year?

Answer: The performance bond shall be based on an annual amount for each contract year.

Question: Would the State consider reducing the amount of the bond to a more typical 5% to 10% or eliminating the Performance Bond requirement altogether?

Answer: The performance bond is 100% and shall be executed annually based on the annual contract amount.

Section: V

Sub Section: 8.m

Page number: 22

Text of passage being questioned: “All contract costs must be as detailed specifically in the Vendor’s cost proposal. No charges other than as specified in the proposal shall be allowed without written consent of the State of Delaware. The proposal costs shall include full compensation for all taxes that the selected vendor is required to pay.

The State of Delaware will require a payment schedule based on defined and measurable milestones. Payments for services will not be made in advance of work performed. The State of Delaware may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%).”

Question: We note the RFP indicates on page 22 the possibility of a 24% holdback for unacceptable performance. We also note this was in the previous RFP in 2013. Has the state exercised this option at any time during the current contract term? If so, please provide details regarding assessments against the current contractor?

Answer: No.

Section: V

Sub Section: 8.p

Page number: 23

Text of passage being questioned: “The contract resulting from this RFP may be terminated as follows by Department of Correction...”

Question: Is this "20-day" timeframe in the current RFP a typo? If not, would the Department consider using the timeframes from the 2013 RFP as they are more industry standard?

Answer: The notification time period is revised as follows:

90 days – termination for cause

120 days – termination for convenience

Section: V

Sub Section: 8.hh

Page number: 31

Text of passage being questioned: “Purchase Card – The State of Delaware intends to maximize the use of the PCard for payment for goods and services provided under contract. Vendors shall not charge additional fees for acceptance of this payment method and shall incorporate any costs into their proposals. Additionally there shall be no minimum or maximum limits on any P-Card transaction under the contract”

Question: Instead of the PCard, will the State consider using other forms of payment such as an ACH or check?

Answer: Yes.

Section: VII

Sub Section: 8.p

Page number: 32-33

Text of passage being questioned: “Attachments 2, 3, 4, 5, and 11 must be included in your proposal

- Attachment 6 must be included in your proposal if subcontractors will be involved

- Attachments 7 and 8 represent reporting that may be required on the part of awarded vendors. Those bidders receiving an award will be provided with active spreadsheets for reporting.
- Attachment 12 shall be completed and submitted by the selected vendor as part of the formal execution of the contract.”

Question: Please confirm that Attachment 11 – Performance Bond is to be submitted after vendor selection but Attachment 12 – Bid Bond is required with proposals?

Answer: Confirmed.

Referencing Appendix A– Minimum Mandatory Submission Requirements

Paragraph: 3

Page number: 47

Text of passage being questioned: “One (1) completed Appendix C – Staffing Plan (fillable spreadsheet). Spreadsheet shall not be altered or reformatted.”

Question: Please provide the approximate inmate population within JTVCC served by the satellite clinic in the B building.

Answer: Population served can vary depending on provider’s plans and agreements with DDOC Security.

Question: Does the DDOC desire bidders to provide separate staffing for the B-building satellite, consistent with the requirement to provide separate staffing for the WIAC satellite clinic?

Answer: See revised Appendix C available at <https://bids.delaware.gov>

Question: If not, how should B building satellite clinic staffing be reflected in the completed Appendix C

Answer: See revised Appendix C available at <https://bids.delaware.gov>

Question: Is it the DDOC’s desire to have both provider and nurse sick call/clinic appointments available in the WIAC satellite clinic?

Answer: This is how it is currently utilized, but vendor can use in a different manner in collaboration with security.

Referencing Appendix B: Scope of Work and Technical Requirements

Section: I

Paragraph: 2

Page number: 48

Text of passage being questioned: “Under the unified system, the State’s jail and prison populations share the same facilities. Jailed inmates may be in the DDOC’s custody prior to sentencing (the pre-sentenced population). Additionally, the DDOC is responsible for the care of those who have already been sentenced to incarceration in the DDOC.”

Question: How many inmates that are the responsibility of the Delaware Department of Correction are housed outside of the ten listed facilities?

Answer: DDOC has 392 cases serving out of state as of today.

Question: Will the vendor be responsible for the healthcare of these inmates?

Answer: Yes, upon potential return to DDOC.

Question: Does the vendor have control over healthcare delivery for these inmates?

Answer: No.

Section: I

Sub Section: B

Page number: 49

Text of passage being questioned: "Vendor should carefully review the deliverables in this RFP and the information in the associated appendices to ensure construction of their best response. "

Question: Will the DDOC please provide the following monthly statistics (preferably in an Excel format) for years 2016, 2017, 2018?

- Segregation bed counts (total capacity and average beds filled)
- Medical Infirmary bed counts (total capacity and average beds filled)
- MH housing unit bed counts (total capacity and average beds filled)
- Intakes / Bookings (for YTD 2019 as well)
- Health & Physicals (H&Ps) (for YTD 2019 as well)
- Medical Provider Sick call
- Nursing Sick call
- Inpatient Admissions
- Inpatient Admissions not covered by Medicaid
- Inpatient Days
- Inpatient Days not covered by Medicaid
- ER visits (not admitted)
- # of ambulance runs
- Offsite surgeries (for YTD 2019 as well)
- Hospital observation stays (for YTD 2019 as well)
- Offsite specialty medical appointments (provide by specialty type) (for YTD 2019 as well)
- Oral surgeries (for YTD 2019 as well)
- Dialysis patients (for YTD 2019 as well)
- Dialysis treatments (for YTD 2019 as well)
- Optometry visits
- # of eyeglasses prescribed
- Ultrasounds (for YTD 2019 as well)
- Mammograms (for YTD 2019 as well)
- Routine x-rays offsite (for YTD 2019 as well)
- MRIs (for YTD 2019 as well)
- CT scans (for YTD 2019 as well)
- OB/GYN visits
- Pregnant females
- EKGs
- Patients receiving medications for HCV
- Patients receiving medications for HIV
- Patients receiving medications for psychotropic
- Patients receiving medications for cancer
- Patients receiving medications for hemophilia
- Average # of patients on medications

- # of prescriptions reviewed
- # of patient specific medication orders
- # of stock medication orders
- Liquidated damages/penalties assessed against vendor for service delivery (for YTD 2019 as well)
- Staffing paybacks or damages assessed against vendor for failure to staff (for YTD 2019 as well)

Answer: Refer to Appendix F available at <https://bids.delaware.gov>

Section: I

Sub Section: G

Page number: 52

Text of passage being questioned: “The proposal must outline a transition plan for the relevant documentation required by NCCHC and ACA audits pertaining to the time the contract is in effect.”

Question: For each of the four Level V and six Level IV facilities encompassed by this procurement, please indicate whether the facility is currently accredited by the NCCHC, by the ACA, or by both the NCCHC and ACA.

Answer: All facilities are NCCHC accredited and all ACA accredited except for Vaughn. Vaughn will be going through accreditation in spring.

Question: For each facility, please provide the date of the most recent NCCHC and/or ACA accreditation.

Answer: Next NCCHC Accreditation due dates:

MCCC	February 1, 2020
SCI	March 1, 2020
CVOP	March 1, 2020
SCCC	March 1, 2020
HRYCI	April 1, 2020
BWCI	May 1, 2020
PCCC	May 1, 2020
HD Plant	July 1, 2020
JTVCC	September 1, 2021

Question: If any facility not currently accredited is anticipating obtaining accreditation, please provide anticipated timeframes for such accreditation.

Answer: ACA accreditation for JTVCC is tentative for April 2020.

Question: Who bears the costs of NCCHC and ACA surveys and (re-) accreditation, the vendor or the State?

Answer: NCCHC paid by vendor and ACA is paid by DDOC.

Section: I

Sub Section: G

Page number: 52

Text of passage being questioned: “The Vendor must outline timetables and specify personnel who will be assigned to supervise and monitor the transition, as well as detailed plans. If the Vendor is going to integrate the current Vendor’s employees and/or subcontractors,

the Vendor must specify how it intends to integrate them and obtain BHSM approval for each employee's access to DDOC facilities prior to making a job offer.”

Question: Will lists of the current employees and subcontractors be provided?

Answer: No. Vendor may reach out to the incumbent vendor.

Section: II

Sub Section: c

Page number: 52

Text of passage being questioned: “Vendor’s response shall thoroughly detail how its proposal meets the requirements of the RFP and Scope of Work. The selected vendor’s performance and services shall be provided in a manner that is... c. In compliance with all current and future (DDOC) policies, procedures, directives, rules, interim memos, intergovernmental agreements and guidance documents “

Question: Is the State currently bound by any consent decrees at the facilities that would affect the provision of health care services? If so, please provide a copy of the decree(s).

Answer: Refer to [CLASI v. Coupe, C.A. No. 15-688 \(D. Del. Sept. 1, 2016\)](#)

Question: Is the State currently, or anticipated to be, under investigation, audit, or review by any federal, State or local governmental authority or regulatory agency for health care services provided? Is any visit/audit/inspection currently scheduled or pending? Is the State waiting for the results of any report from or any prior inspection/audit review? Have any reports of audits or visits been issued or received in the last 24 to 36 months? Will the State share such reports of audits or visits?

Answer: Yes. DDOC is under investigation by US DOJ regarding ADA compliance specifically related to hearing impaired offenders. DE DOJ has pending investigation of current behavioral health vendor regarding treatment at SCCC. DDOC will not share reports at this time.

Section: II

Sub Section: i

Page number: 53

Text of passage being questioned: “Additionally, the healthcare system established by the Vendor must... i. Facilitate and ensure continuity of care between settings (i.e., the community, other correctional facilities, hospitals, out-of-state facilities, etc.), including but not limited to active participation and use of the statewide Health Information Exchange (Delaware Health Information Network- DHIN) as well as frequent and timely documented engagement with outside healthcare facilities and providers to allow for optimal patient care and improved health outcomes.”

Question: Do the Delaware Health Information Network (DHIN) and the DDOC’s existing electronic health record (EHR) have an electronic interface such that information from the DHIN can populate patient records in the DDOC’s EHR?

Answer: Currently DDOC has established individual access for staff and vendor staff to access DHIN. However, DDOC IT has had several meetings with DHIN team to implement an interface between iCHRT and DHIN. This is a work in progress; a Standard interface such as HL7 will be used in implementing the interface.

Question: Does DHIN and DDOC EHR have an electronic interface that permits relevant health records from the EHR to be shared (with prior patient authorization and in accordance with HIPPA), with community providers or clinics?

Answer: No, although pending legislation that may require interface in the future.

Question: Will incoming vendor have access to the DDOC internet to allow medical services staff to access vendor's proprietary internal systems used in support of the contract?

Answer: All vendors must use the states EHR. However, if there are external applications to support vendor's administrative functions, the request has to be approved by DDOC in coordination with DTI as it has to meet states standards.

Question: What is available bandwidth provided by the current DDOC network?

Answer: DDOC has range of 100 MB-1 GB circuits throughout DDOC.

Question: Will DDOC allow VPN access to vendor in support of the contractor outside of the DDOC network?

Answer: Based on DDOC's approval, vendors can have VPN access to DDOC network. However, DDOC is not responsible for connectivity speeds / bandwidth outside of DDOC's network.

Section: II

Sub Section: i

Page number: 53

Text of passage being questioned: "Additionally, the healthcare system established by the Vendor must... I. Utilize the DDOC's Offender Management System (DACS) for Offender Medical Grievances, Offender Programs, Offender Special Diets and other related functions"

Question: Please provide the name and version of the OMS (offender management system) currently in use at DDOC facilities

Answer: Delaware Automated Correctional System (DACS).

Question: Yes. DDOC's OMS (DACS) and DDOC's EHR are currently integrated and exchange information seamlessly using industry standards including HL7.

Answer: Yes. DDOC's OMS (DACS) and DDOC's EHR are currently integrated and exchange information seamlessly using industry standards including HL7.

Section: II

Sub Section: i

Page number: 53

Text of passage being questioned: "Additionally, the healthcare system established by the Vendor must... p. Support all clinical, utilization and financial auditing and quality assurance activities, including all performance improvements required by BHSM, BOP and/or BCC for contract compliance purposes."

Question: Will the audit conducted by Christiana Care be released to the vendors participating in the RFP procurement process?

Answer: The independent assessment performed by Christiana Care is available at <https://doc.delaware.gov/assets/documents/newsroom/2019/19press1205.pdf>

Section: II

Sub Section: j.

Page number: 53

Text of passage being questioned: “Utilize and maintain up to date medical records in the DDOC’s existing Electronic Health Record (EHR) known as “iCHRT” to its full functional capacity.”

Question: Where is iCHRT hosted?

Answer: Hosted at the State of DE (DTI) data center.

Question: Does iCHRT have current electronic interfaces with pharmacy, laboratory, or radiology services?

Answer: Yes, with pharmacy only.

Question: Does iCHRT have an electronic interface with the DDOC’s Offender Management System, DACS (Delaware Automated Correction System)?

Answer: Yes.

Question: Please describe the range of reporting functionalities available through iCHRT.

Answer: There are reporting functionalities of all areas of iCHRT predefined and custom reports.

Question: Does iCHRT support integration of nursing protocols and treatment guidelines into the EHR?

Answer: Yes.

Question: Does iCHRT permit scanning of paper records?

Answer: Yes.

Question: Does iCHRT include electronic signature pad technology?

Answer: Yes.

Question: Does iCHRT include an electronic Medication Administration Record (eMAR)?

Answer: Yes.

Question: Do any facilities support wireless communication with iCHRT?

Answer: Yes.

Question: Are remote connections to iCHRT allowed? If so, what requirements are needed for the remote user (e.g. VPN, Static IP, etc.)?

Answer: VPN.

Question: Will the ability to make necessary modifications in iCHRT belong to the selected vendor or with Delaware?

Answer: Delaware with input from the vendor.

Section: II

Sub Section: k.

Page number: 53

Text of passage being questioned: “Actively participate in development and improvement efforts, maintenance, support, training, configuration, and re-configuration (as necessary) of the DDOC’s electronic health record (EHR).”

Question: Will participation in the “development, maintenance, configuration, and reconfiguration” require specific skilled training? If so: Which specific skills?

Answer: Vendors are required to participate in requirement gathering, review, testing and training sessions to provide feedback to improve / enhance, test and implement functions in iCHRT. Staff should be functional expert.

Question: Will DDOC provide the skilled training?

Answer: No specific skill is required. DDOC does not provide any training related to this request.

Section: II

Sub Section: A.1.b

Page number: 55

Text of passage being questioned: “The Vendor’s CA/PM shall provide written “Monthly Status Reports” to BHSM which shall include, at a minimum... b. Contract deliverables (including staffing levels and other performance metrics) per executed contract.”

Question: Are any of the existing staff currently unionized? If so, please provide the positions in the union and the union group. Please also provide a copy of the current union agreement(s).

Answer: Unknown.

Question: Will the DDOC please provide the current average hourly/salaried compensation rates and length of service by job title of the current incumbents? Also, please provide the shift differentials (by job title/shift – evening, night, weekend day, weekend evening, weekend night) for all current staff, as well.

Answer: This information resides with the incumbent vendor. Vendor is responsible to research and determine this information as part of developing its proposal.

Question: Will the DDOC please provide a list of the current open vacancies?

Answer: This information resides with the incumbent vendor.

Question: Will the DDOC please provide a list of required positions for backfill along with the assumed hours for vacation/PTO, Holiday, Training, and Orientation?

Answer: Generally yes, but after 30 days of absence this will be reviewed case by case.

Section: II

Sub Section: A:2

Page number: 55

Text of passage being questioned: “The Vendor shall maintain NCCHC accreditation (and provide needed efforts in support of the maintenance of ACA accreditation) at all DDOC sites. DDOC intends to include specific liquidated damages in the contract between DDOC and the Vendor for any failure to attain and/or maintain such certifications and/or accreditations. This is addressed later in the RFP in Section Appendix A “Liquidated Damages.”

Question: RFP Appendix A appears to be Minimum Mandatory Submission Requirements, not Liquidated Damages. Should the reference on RFP page 55 be to Appendix B, Section H?

Answer: Yes.

Section: II

Sub Section: A.2

Page number: 55

Question: Please identify which accreditations (prison or jail) are held at each facility and the upcoming renewal dates.

Answer: All facilities are NCCHC accredited and all ACA accredited except for Vaughn. Vaughn will be going through accreditation in spring. Next NCCHC Accreditation due dates:

MCCC February 1, 2020

SCI March 1, 2020

CVOP March 1, 2020

SCCC March 1, 2020

HRYCI April 1, 2020

BWCI May 1, 2020

PCCC May 1, 2020

HD Plant July 1, 2020

JTVCC September 1, 2021

Section: II

Sub Section: A:2.b

Page number: 56

Text of passage being questioned: “The Vendor shall also... b. Contract with a network of hospitals and specialists sufficient in size, location, and scope to meet all clinical requirements outlined in Section B of this RFP.”

Question: Does the DDOC currently utilize secure units in the community hospitals? If so, which hospitals?

Answer: No. DDOC Security staff accompanies the offender.

Question: Will a list of hospitals and specialists be provided from which care is currently being provided, to ensure continuity of care?

Answer: No. Vendor's are responsible to research and determine this information as part of developing its proposal.

Section: II

Sub Section: B

Page number: 57

Text of passage being questioned: “Comprehensive health services encompass outpatient and infirmity medical, nursing, ancillary, dental and pharmacy management services (in concert with the DDOC’s Pharmacy Contractor); specialty consultation, emergency transportation and inpatient hospital services.”

Question: Please provide three years’ worth of health services reports or other data readily available to the DDOC, sufficient for bidders to determine the volume of care provided under the categories of comprehensive health services encompassed by RFP Section II, Scope of Work, Subsection B, Comprehensive Healthcare Services.

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: Please clarify the pharmacy cost responsibilities between the bidder and the current pharmacy contract vendor.

Answer: Vendor will be responsible for pharmacy techs and the nurses who do med pass.

Question: Are there any current 340b relationships in place to provide medical and pharmaceutical services to DDOC patients in place? If so, with which entities and disease states.

Answer: DDOC does not have current 340b pricing in place.

Question: What is the frequency of each optometry and podiatry clinic, and in which facilities do these clinics occur? Who is the provider for each clinic?

Answer: The frequency of optometry and podiatry clinic is up to the vendor. The Vendor is responsible to provide these services or obtain a subcontracted provider.

Question: Is the current pharmacy provider willing and capable of establishing an automatic dispensing solution?

Answer: Yes.

Section: II

Sub Section: B

Page number: 59

Text of passage being questioned: “Comprehensive health services to be provided include (but are not limited to) services outlined in Table 1 below of which a select number are further expanded upon in subsequent paragraphs below.”

Question: Will the DDOC please provide a detailed listing of each offsite and specialty claim (including the billing provider name, date of service, type of service provided for example ED, inpatient admission, etc., ICD/CPT codes, amount billed, amount paid) the years ending 2016, 2017, 2018 and YTD 2019, preferably in an Excel format?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: If detailed claims are not available, will the DDOC provide the total cost for each offsite and on-site specialty category for the years ending 2016, 2017, 2018 and YTD 2019, preferably in an Excel format?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: Will the DDOC please provide a list of current onsite and offsite specialists providing treatment to inmate patients?

Answer: No. Vendor's are responsible to research and determine this information as part of developing its proposal.

Question: How many x-rays have been performed onsite at each facility in the past 12 months?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: How many ultrasounds have been performed onsite at each facility in the past 12 months?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: How often and at which facilities are physical therapy and occupation therapy clinics provided onsite?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: Who are the therapists' current providing physical therapy and occupation therapy clinic services?

Answer: Vendor's are responsible to research and determine this information as part of developing its proposal.

Question: Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for: Dental, Oral Surgery, Optometry, Laboratory, Radiology (specify mobile or fixed equipment), Fluoroscopy, Mammography, Physical Therapy, Dialysis, Chronic Care Clinics (please specify which clinics and frequency), Specialty Clinics (please specify which clinics and frequency) and OB/Prenatal care?

Answer:

Dental-On-site
Oral Surgery- Combination
Optometry- On-site
Laboratory -On-site
Radiology -Combination
Fluoroscopy -Off-site
Mammography- On-site
Physical Therapy -On-site
Dialysis-On-site
Chronic Care Clinics- On-site
Specialty Clinics -On-site
OB/Prenatal care -On-site

Additionally, please refer to Appendix F available at <https://bids.delaware.gov>

Section: II

Sub Section: B.1.b

Page number: 60

Text of passage being questioned: “Maintain written agreement(s) with local emergency medical services (EMS) and ambulance services for response to facilities and for the transfer of inmates.”

Question: Will the DDOC please provide a list of current local EMS providers utilized?

Answer: No. Vendor's are responsible to research and determine this information as part of developing its proposal.

Question: Will Vendor be responsible for contracting with an ambulance service, or will the vendor use a State system?

Answer: No. Vendor's are responsible to research and determine this information as part of developing its proposal. Non-emergent transportation will be provided by DDOC.

Section: II

Sub Section: B.1

Page number: 60

Text of passage being questioned: “Bidders are advised that inmates who are hospitalized and admitted (not in “observation” status) for over 24 hours are Medicaid eligible...Inmates who are hospitalized and under observation watch status are not Medicaid eligible and rates must be negotiated between the hospital and the contracted vendor”

Question: For the current and prior two fiscal years, please provide the number and cost of inpatient hospital admissions for inmates not Medicaid eligible due to observation watch status or other non-qualifying reasons

Answer: Contracted vendor maintains these numbers for they are responsible for these costs.

Section: II

Sub Section: B.1

Page number: 60

Text of passage being questioned: **Hospital-Based Services.** “The Vendor shall...”

Question: Please provide utilization data and costs for the current and prior two fiscal years for offsite services including Medicare-ineligible inpatient hospital, emergency hospital, outpatient hospital, outpatient surgery, offsite provider visits, and offsite specialty services visits

Answer: Regardless of past historical expenditures for these services vendor will absorb these costs. Historical expenditures are not a true indicator of future expenditures.

Section: II

Sub Section: B.2.b

Page number: 60

Text of passage being questioned: “Collaborate with the DDOC Pharmacy Contractor, facility security and the behavioral health provider on all matters pertaining to the ordering, renewal, delivery, medication administration, dispensing, tracking, reporting, quality assurance...”

Question: Please identify the DDOC pharmacy contractor?

Answer: Correct RX.

Question: Please confirm that the cost of pharmaceuticals should not be included in vendor proposals?

Answer: Vendor will be responsible for cost of pharmaceuticals administered off-site. The cost of pharmaceuticals provided on-site at DDOC is paid by DDOC through the current Pharmacy vendor.

Question: Does the current contractor or the DDOC have a 340B partnership in place for any medical services and pharmaceuticals?

Answer: No.

Question: How many medication passes are there per day? Do inmates come to a central location or are medications taken cell to cell?

Answer: Varies site to site based on security level. Generally there are 3 med passes per day.

Question: Who is responsible for the cost of pharmaceuticals administered off site (e.g.: chemotherapy)?

Answer: Vendor will be responsible for cost of pharmaceuticals administered off-site.

Section: II

Sub Section: B.2.c.

Page number: 60

Text of passage being questioned: "Provide a pharmaceutical administration system (in collaboration with the DDOC pharmacy provider), which is sufficient to meet the needs of the inmate population and which operates in accordance with all local, state, and federal laws and regulations regarding the dispensing, procurement, distribution, storage, and disposal of pharmaceuticals. This shall be a multi-component system including EHR applications and processes, protocols, standard operating procedures and responsible staff positions."

Question: Will the DDOC please provide the total cost by major pharmacy category for the years 2016, 2017, 2018 and YTD 2019, preferably in an Excel format?

Answer: On-site pharmaceuticals costs is the responsibility of the pharmacy vendor and not borne by the medical vendor.

Question: Is Wi-Fi available in all DDOC facility areas medications are administered?

Answer: Currently only at James T Vaughn Correctional Institution with plans of future expansion.

Section: II

Sub Section: B.3.

Page number: 61

Text of passage being questioned: "The Vendor shall... a. Provide, maintain, and replace, as needed, all the supplies necessary to carry out the terms of the contract. Vendor shall bear the cost of all supplies, medical devices and equipment needed to provide comprehensive medical services up to a maximum cost of \$500 per unit. Refer to DDOC Policy 11-D-03 Clinic Space, Equipment, and Supplies for details."

Question: Please provide the costs for the current and prior two fiscal years of all medical supplies and medical equipment

Answer: Regardless of past historical expenditures for these services vendor will absorb these costs. Historical expenditures are not a true indicator of future expenditures. Any piece of equipment over \$500.00 is the department's responsibility to purchase.

Question: Is the healthcare services vendor responsible for the cost of repair, replacement and the purchase of new medical equipment?

Answer: If the equipment is owned by DDOC, DDOC will be responsible for the repair/replacement. If the equipment is owned by the vendor, vendor will be responsible.

Question: Will all medical supplies and medical equipment present at the end of the current contract and/or in use under the current contract be available for use by the healthcare vendor under the new contract?

Answer: Yes.

Question: Please provide a list of all equipment owned by the current vendor. Please include description/model and current condition. Will the equipment remain with the State of Delaware DOC for the new vendor?

Answer: Any equipment owned or purchased by DDOC will remain with DDOC. Any equipment owned by the incumbent vendor is not obligated to remain at DDOC although Vendor may contact the incumbent vendor to determine this information.

Question: Will stock pharmaceuticals on site as of the date of transition remain for use by the incoming medical vendor?

Answer: Yes.

Question: Are computer and related peripheral purchases subject to the \$500 purchase limit?

Answer: Yes.

Question: Will there be a defined process for requisition of computer hardware and peripherals for the medical vendor?

Answer: Yes, there is a defined process for requisition of computer and peripherals.

Question: If sufficient numbers of computers exist, will they be available to the incoming vendor on day one of the contract?

Answer: Any equipment owned or purchased by DDOC will be available on day one of the contract.

Question: Please provide inventory of all desktop computers available for the incoming medical services vendor.

Answer: Currently DDOC has sufficient number of computers at the facilities to support current staffing level. DDOC and the vendor will work together if there is need to revise the number of equipment.

Question: Please provide inventory of all scanners available for the incoming medical services vendor.

Answer: Currently DDOC has sufficient number of scanners at the facilities to support current staffing level. DDOC and the vendor will work together if there is need to revise the number of equipment.

Question: Please provide an inventory of all printers available for the incoming medical services vendor.

Answer: Currently DDOC has sufficient number of printers at the facilities to support current staffing level. DDOC and the vendor will work together if there is need to revise the number of equipment.

Question: Please provide an inventory of all signature pads available for the incoming medical services vendor

Answer: Currently DDOC has sufficient number of signature pads at the facilities to support current staffing level. DDOC and the vendor will work together if there is need to revise the number of equipment.

Section: II

Sub Section: B.3.

Page number: 61

Text of passage being questioned: "Diagnostic Services. The Vendor shall..."

Question: Please provide utilization data and costs for the current and prior two fiscal years for all onsite services including radiology, laboratory, dialysis, vision care, audiology, EKG, and physical therapy.

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Section: II

Sub Section: B.6.

Page number: 62

Text of passage being questioned: "To meet the demand for dental services in Level IV facilities, the Vendor shall make a broad array of dental services available to Level IV via mobile dental vans."

Question: What is the name of the subcontractor that provides mobile dental vans today?

Answer: Current provider is Connections CSP.

Question: What sites have an on-site dental operator? Please provide the number and locations of dental chairs?

Answer: JTVCC, HRYCI, BWCI and SCI all have on-site dental units with two dental chairs at each site.

Section: II

Sub Section: B.8.

Page number: 63

Text of passage being questioned: “Women’s Health Care” lists DDOC policies which refer to “BCHS Policy E-10 Discharge Planning” but this policy on the website is listed “reserved” and not accessible.”

Question: BCHS Policy E-10 Discharge Planning is labeled as “reserved” and not accessible.

Answer: Policy is being revised and will be posted when completed until then refer to DDOC Policy 11-E-13 discharge planning.

Section: II

Sub Section: B

Page number: 64

Text of passage being questioned: “The Vendor shall provide clinical care for substance use disorder to affected inmates. This includes but is not limited to monitoring for and treatment of alcohol, opioid and benzodiazepine withdrawal using nationally accepted guidelines and tools; medication assisted withdrawal and medication assisted treatment for opioid use disorder; coordination with community based treatment facilities and opioid treatment programs to ensure seamless

Question: Please confirm that the healthcare services vendor will not be responsible for the cost of any pharmaceuticals used in the MAT program.

Answer: Vendor is responsible for costs of pharmaceuticals administered off-site.

Question: How are detainees screened for Risks and/or Mental Health Concerns at Intake?

Answer: Currently RN Nurse screens with evidenced based tools.

Question: How are mental health patients identified/referred for services?

Answer: This is an ongoing collaboration with nurses and mental health clinicians.

Question: What role will the Respondent take in detoxification?

Answer: Vendor is responsible with medication assisted withdrawal medication.

Question: How many patients required some form of detox and/or medical intervention due to opiate misuse in the past year?

Answer: Please refer to Appendix F available at <https://bids.delaware.gov>

Question: Are patients deemed too acute to house in the jail sent to a public mental health facility or does the jail currently have a contract with a private mental health facility? If yes, how many mentally ill patients were sent out to this jail's appropriate catchment mental health facility per month on average?

Answer: Public Mental Health Facility. Average population of inmates sent out were 30 each month at Delaware Psychiatric Center.

Section: II

Sub Section: B.9

Page number: 64

Text of passage being questioned: “In collaboration with the Behavioral Health Contractor, the Pharmacy Contractor and the BHSM, the Vendor shall actively participate in comprehensive re-entry coordination aimed at successfully re-assimilating inmates into the community. The purpose of this is to ensure continuity of healthcare and access to social services for released inmates. The Vendor shall have designated staff at each facility that have as part of their responsibilities, the oversight of the medical aspects of re-entry and participation in the re-entry and discharge planning teams at each facility.”

Question: Will the DDOC please provide a list of current, community-based providers utilized for reentry services?

Answer: Please refer to Appendix G available at <https://bids.delaware.gov>

Question: How are medications currently made available to inmates on release from the correctional facilities?

Answer: Released inmates are offered up to 30 day supply of medications refer to DDOC Policy 11-E-13.

Question: Does the State's standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from facilities? Please describe the process.

Answer: Yes. Refer to DDOC policy 11-E-13.

Question: What is the percentage and number of inmates with estimated release dates? Are those inmates predominantly sentenced?

Answer: 72% sentenced approximately 3,251 inmates.

Question: How many planned or predicted releases occur each day?

Answer: This can vary per week. In the last 90 days average was 100 releases per week.

Section: II

Sub Section: B:10

Page number: 65

Text of passage being questioned: “The Vendor must ensure that each facility has available (onsite or by telemedicine) a medical provider who is able to evaluate patients with a history suggestive of substance use disorder and to make recommendations to initiate or continue (as appropriate), medication assisted treatment or medication assisted withdrawal within 48 hours of the inmates’ incarceration (for non-pregnant inmates) and within 12 hours of incarceration for pregnant inmates. It is the Vendor’s responsibility to ensure that it has a sufficient number of duly trained and credentialed (and DATA/CARA waived) providers to meet the needs of all inmates with substance use and co-occurring disorders. Refer to BHSM Policy F-04 Medically Assisted Withdrawal and Treatment.”

Question: Will the DDOC supply network/internet access or will this be the responsibility of the Vendor?

Answer: Yes, DDOC will supply network access.

Question: If the DDOC will supply network access, what kind of internet connectivity is available at the prison sites and given current utilization, is bandwidth sufficient to allow telehealth at 1.5 Mb/s per session?

Answer: DDOC supplies network access for connectivity to the state's EHR. Bandwidth is not guaranteed but adequate for use.

Question: Will the vendor be permitted to install telemedicine equipment in DDOC facilities?

Answer: All vendors must use the State's EHR system. However, if there are external applications to support vendor's administrative functions, the request has to be approved DDOC IT in coordination with DTI as it has to meet State's standards.

Question: Alternatively, does the DDOC have telemedicine equipment in the facilities already that it prefers the successful bidder use? If so, please describe this equipment.

Answer: The infrastructure for the telemedicine services is the responsibility of DDOC within DDOC facility. Vendor is responsible for the camera/equipment at the external vendor site.

Question: Please provide an inventory of all telemedicine equipment be available to the incoming vendor, to include the manufacturer, model, and software for each

Answer: The infrastructure for the telemedicine services is the responsibility of DDOC within DDOC facility. Vendor is responsible for the camera/equipment at the external vendor site.

Question: Who is responsible for the acquisition of telemedicine equipment?

Answer: The infrastructure for the telemedicine services is the responsibility of DDOC within DDOC facility. Vendor is responsible for the camera/equipment at the external vendor site.

Question: Who is responsible for support, maintenance, and replacement of telemedicine equipment?

Answer: The infrastructure for the telemedicine services is the responsibility of DDOC within DDOC facility. Vendor is responsible for the camera/equipment at the external vendor site.

Question: If vendor is responsible for replacement and/or maintenance of telemedicine equipment what is the approval process for requisition of new hardware/software.

Answer: The infrastructure for the telemedicine services is the responsibility of DDOC within DDOC facility. Vendor is responsible for the camera/equipment at the external vendor site.

Section: II

Sub Section: B.12

Page number: 65

Text of passage being questioned: "On-site nephrology services for inmates requiring dialysis shall include: a. Initial assessment of inmates who require dialysis"

Question: How many dialysis patients have been treated in the past 12 months?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: How many dialysis treatments have been performed in the past 12 months?

Answer: This will be calculated by the number times three times a week and the number of patients will vary based on length stay.

Question: Please clarify the number and location of existing dialysis chairs?

Answer: James T. Vaughn is the only level V facility with a 3 bed dialysis unit; provider will be responsible for level IV sites and BWCI.

Section: II

Sub Section: B.12

Page number: 65

Text of passage being questioned: "...the vendor shall ensure all inmates are tested for Hepatitis C and HIV as part of their initial clinical evaluation..."

Question: Please identify the DDOC pharmacy contractor.

Answer: Correct Rx

Section: II

Sub Section: B.12

Page number: 65

Text of passage being questioned: "Inmates who show evidence of active Hepatitis C disease must receive appropriate laboratory and physical evaluation for disease staging and treatment planning and must be started on treatment with direct acting antivirals with the aim of curing Hepatitis C"

Question: Does the DDOC consider the diagnosis of Hepatitis C when there is a positive viral load?

Answer: Yes. Positive antibodies reflex to viral load and if positive need to be treated for Hep-C.

Question: Does the DDOC currently use "opt out" testing? If so, when did "opt out" testing at start at intake and have people not tested at intake been identified as needing to be approached for testing?

Answer: Currently opt in but plan to move to opt out by mid-2020.

Question: When did the DDOC start treating patients with Direct Acting Antivirals (DAA) with the proposed time frame?

Answer: DDOC has been treating with DAAs since they became widely available and have progressively expanded treatment to now include all stages.

Question: Does the DDOC have a health services technical manual, treatment process or state clinical guidelines surrounding the treatment of hepatitis C? If so, please provide a copy?

Answer: No DDOC specific one. DDOC follows recommendations of AASLD.

Question: Please confirm that the healthcare services vendor will not be responsible for the cost of any pharmaceuticals used in treatment of Hepatitis C.

Answer: The cost of pharmaceuticals provided on-site at DDOC is paid by DDOC through the current Pharmacy vendor. Vendor will be responsible for cost of pharmaceuticals administered off-site.

Section: II

Sub Section: B.12

Page number: 66

Text of passage being questioned: “Inmates who show evidence of active Hepatitis Disease must receive appropriate laboratory and physical evaluation for disease staging and treatment planning and must be started on treatment with direct acting antivirals with the aim of curing Hepatitis C.”

Question: Historically, how many DDOC offenders are receiving direct acting antiviral medications at any given time?

Answer:

12 month average by site:	SCCC	HD Plant	PCCC	SCCC	MCCC	CVOP	JTVCC	HRYCI	SCI	BWCI
Patients receiving medications for HCV	1	1	1	2	1	2	7	8	6	2
Patients receiving medications for HIV	3	1	2	3	2	2	24	21	9	4
Patients receiving medications for psychotropic	87	37	40	87	34	68	560	491	250	264
Patients receiving medications for cancer	Unk	Unk	Unk	Unk	Unk	Unk	Unk	Unk	Unk	Unk
Patients receiving medications for hemophilia	Unk	Unk	Unk	Unk	Unk	Unk	Unk	Unk	Unk	Unk
Average # patients on medications	203	47	88	156	77	124	1289	894	664	352
Average # of prescriptions	861	234	418	862	342	522	7611	3472	2796	1840

Section: II

Sub Section: B.12.

Paragraph number: c

Page number: 66

Text of passage being questioned: “The following groups of patients, however, must be treated by either an infectious disease doctor or a hepatologist / gastroenterologist (Note that even for these patients, the timeframes listed above for when treatment must start shall be adhered to): Patients with advanced liver disease (Liver disease stages F3-F4), Patients who are co-infected with Hepatitis B, Patients who are co-infected with HIV (consult with ID not GI doctor), Patients known to have failed prior treatment for Hepatitis C”

Question: Is this for an initial recommendation DDA selection for treatment or do they need to be followed by the MD during treatment?

Answer: This requirement for specialist is for initial evaluation and recommendation at the least. Subsequently may be managed by PCP as long as specialist is still accessible to PCP.

Question: Of patients who have failed treatment, is that ever failed treatment or just failed DAA during their current incarceration?

Answer: This is for patients who have ever failed DAA.

Section: II

Sub Section: B.12.

Paragraph number: 12

Page number: 66

Text of passage being questioned: "All patients whose laboratory testing shows evidence of HIV infection or who are known to be HIV infected must be managed..."

Question: Historically, how many DDOC offenders are receiving HIV medications at any given time?

Answer: See above.

Section: II

Sub Section: C

Page number: 70

Text of passage being questioned: "Facility and statewide level infection preventionist staff. These staff shall be assigned to infection control activities with or without other quality assurance responsibilities."

Question: Does the DDOC require singular infection preventionist services at Level V facilities only or at both Level V and Level IV facilities?

Answer: See revised Appendix C available at <https://bids.delaware.gov>

Section: II

Sub Section: C

Page number: 70

Text of passage being questioned: "Infection preventions staff may not be assigned clinical duties beyond duties directly tied to prevention and control of infectious diseases (such as vaccination of inmates/staff; tuberculosis screening of inmates/staff; respirator fit testing of inmates/staff as appropriate based on the infection preventionist's education and training)."

Question: This section of the RFP indicates that infection preventionist services should be the only duty assigned to the staff member who performs the service. Is this the DDOC's intent, even at the smaller institutions?

Answer: Facility and statewide level infection preventionist staff. These staff shall be assigned to infection control activities with or without other quality assurance responsibilities. Infection preventionist staff may not be assigned clinical duties beyond duties directly tied to prevention and control of infectious diseases (such as vaccination of inmates/staff; tuberculosis screening of inmates/staff; respirator fit testing of inmates/staff as appropriate based on the infection preventionist's education and training).

Section: II

Sub Section: C.1.

Page number: 70

Text of passage being questioned: "The program shall include, at a minimum... h. Procedures and plans for disposal of biohazardous and contaminated waste in accordance with the federal and local regulations. This includes but is not limited to plans to contract with waste management agencies, procedures for handling and proper disposal of sharps"

Question: How many containers/pick-ups are currently provided monthly?

Answer: This is at the discretion of the provider.

Section: II
Sub Section: D
Page number: 75

Text of passage being questioned: “Chief Medical Officer, Chief Nursing Officer, Statewide, Health Services Administrator, Statewide Dental Director, Contract Administrator/Project Manager, Performance Improvement/Quality Assurance Director (If different from program manager), Statewide Infection Preventionist.”

Question: Appendix C, Staffing Plan, does not include a Chief Nursing Officer or a Statewide Infection Preventionist in the statewide tab.

Answer: Refer to revised Appendix C available at <https://bids.delaware.gov>

Question: Would the DDOC prefer that vendors add these positions to the statewide tab of Appendix C, or are these staff already considered in the statewide tab of Appendix C under a different title?

Answer: Refer to revised Appendix C available at <https://bids.delaware.gov>

Question: Please clarify the discrepancy between the listed titles on page 75 and the titles within Appendix C. If staff are already considered yet under a different title, please state the titles under which these roles are performed

Answer: Refer to revised Appendix C available at <https://bids.delaware.gov>

Question: Appendix C, Staffing Plan, does not include a Performance Improvement/Quality Assurance Director, in the statewide tab, yet it does include a “CQI Nurse”. Is this the same position?

Answer: No CQI nurse is at facility level performance improvement person is statewide level.

Question: If not, would the DDOC prefer that vendors add a Performance Improvement/Quality Assurance Director to the statewide tab of Appendix C in addition to the CQI nurse?

Answer: Refer to revised Appendix C available at <https://bids.delaware.gov>

Question: We have noted that RFP Appendix A, Minimum Mandatory Submission Requirements, states that the Appendix C, Staffing Plan, spreadsheet shall not be altered or reformatted.

Answer: Vendors can add a row or change a title name, but cannot change the formulas.

Question: If not, would the DDOC prefer that vendors add a Contract Administrator/Project Manager to the statewide tab of Appendix C in addition to the Vice President for Correctional Healthcare?

Answer: Refer to revised Appendix C available at <https://bids.delaware.gov>

Question: We have noted that RFP Appendix A, Minimum Mandatory Submission Requirements, states that the Appendix C, Staffing Plan, spreadsheet shall not be altered or reformatted.

Answer: Vendor's can add a row or change a title name, but cannot change the formulas.

Question: Would the DDOC prefer that vendors add these positions to the statewide tab of Appendix C, or are these staff already considered in the statewide tab of Appendix C under a different title?

Answer: Refer to revised Appendix C available at <https://bids.delaware.gov>

Question: Is the Performance Improvement/Quality Assurance Director different from the Program Manager today?

Answer: Yes they are different.

Section: II

Sub Section: D

Page number: 76

Text of passage being questioned: "The DDOC currently uses an Electronic Health Record (EHR) system called iCHRT. The Vendor shall adhere to BHSM Policy A-08 Health Record relative to Electronic Health Records. The EHR is the official record for a patient."

Question: Does iCHRT currently contain and is capable of producing these reports as outlined in the corresponding DDOC Policy?

Answer: iCHRT currently provides canned reports / queries that support of the monthly reporting requirements. Any additional requirements would need to be approved DDOC IT and BHSM.

Section: II

Sub Section: D.2.

Page number: 76

Text of passage being questioned: "The Vendor shall make available detailed personnel records (including hours worked, hourly rate of pay, and demographic information), attendance data, staff vacancy reports, clinical documentation, and other relevant information (including financial data related to the contract) as requested by the DDOC."

Question: Will vendor be allowed to install secure, IT based time clocks which communicate to an external server for purposes of staff time management?

Answer: These requests would need to be approved by DDOC IT. However, these connections should go through vendor's own network infrastructure.

Question: Will time clocks be allowed to reside on the DDOC network or will the vendor be required to add a dedicated network?

Answer: These requests would need to be approved by DDOC IT. However, these connections should go through vendor's own network infrastructure.

Question: Does current network provide Power over Ethernet (PoE) for time clock usage?

Answer: These requests would need to be approved by DDOC IT. However, these connections should go through vendor's own network infrastructure.

Question: If a time clock needs to be relocated at a DDOC facility, who will be responsible for the cost, the DDOC or vendor?

Answer: Vendor will be responsible.

Section: II

Sub Section: D.2.

Page number: 76

Question: Please identify the current medical staff turnover rate.

Answer: DDOC does not keep track of this information.

Section: II

Sub Section: E.1.c

Page number: 78

Text of passage being questioned: “Be aware that all new hires are subject to, and must pass a background check performed by DDOC, and have their credentials reviewed prior to be allowed to work in a facility.”

Question: The RFP states that regional staff may not fill in for a vacant site level position more than seven consecutive days or more than 14 days in total during a quarter. Does this include: Dental Director, CMO, Performance Improvement/CQI staff, and Statewide HAS?

Answer: Yes, for each position.

Question: How long does the average new employee security clearance take?

Answer: Average of 4-6 weeks.

Question: Is there a contingency plan if the point of contact at DOC for clearance is out?

Answer: Yes.

Question: How long does the average new practitioner employee credentialing approval take?

Answer: Once complete package is received it should take 7-10 business days.

Section: II

Sub Section: F.2

Page number: 82

Text of passage being questioned: “The Vendor shall ensure that each facility is staffed in sufficient numbers and professional categories to meet the needs of the inmate population based on average daily population (ADP) and to remain in compliance with the relevant DDOC policies including but not limited to BHSM Policy C-07 Staffing.”

Question: Will the DDOC please provide a copy of the current staffing plan by position for each facility?

Answer: No.

Question: Please confirm the schedules of the following staff members: Correctional staff and Health Care staff

Answer: Correctional staff includes Captains, Staff Sergeants, Corporals, Sergeants, and Correctional officers whom work 8 and 10 hour shifts. Health Care staff such as nurses, CAN, Med Tech work 8 and 12 hour shifts.

Question: Has the DDOC already implemented a re-entry coordinators program at each facility?

Answer: Yes.

Section: II

Sub Section: F.2

Page number: 82

Text of passage being questioned: “The Vendor must provide licensed nursing staff on-site at each correctional facility, 24 hours per day, seven days per week, 365 days per year and must provide a physician (MD/DO) to be on call and available by telephone for each facility on each shift when a physician is not available onsite- such as after hours, weekend, holidays and other hours..”

Question: Does the DDOC consider all facilities in the state “correctional facilities”, or only Level V facilities as “correctional facilities”?

Answer: Yes.

Section: II

Sub Section: F:2

Page number: 82

Text of passage being questioned: “DDOC will not pay staffing costs for positions that are not filled. DDOC will actively monitor Vendors staffing levels on an ongoing basis and make a management fee price adjustment (liquidated damages) to the monthly invoiced amount to eliminate payments for unfilled positions or based on a percentage of vacancies.”

Question: Is this section of the RFP and the Liquidated Damages – Staffing section on RFP page 86 addressing the same subject and requirements regarding vacant positions?

Answer: Yes.

Question: Are the management fee price adjustments noted in this section the same as the liquidated damages for staffing on page 86? If not, please clarify

Answer: Yes.

Question: Will hours incurred by staff for orientation training and on-going job training count toward filling positions?

Answer: Yes

Question: Will staff time off for approved vacation days, sick days, and holidays count toward filling positions?

Answer: Generally yes, but after 30 days of absence reviewed case by case.

Section: II

Sub Section: F:2

Page number: 82

Text of passage being questioned: “Interview all staff currently employed by the current Vendor, (including those in the Statewide Office) who wish to continue working in their current or other jobs under the new Vendor”

Question: In order for a new vendor to plan for the retention of as much of the current staff as possible and desired, please provide current staff average pay rates by position

Answer: The vendor is expected to determine based on prevailing market rate.

Question: In order for a new vendor to plan for the retention of as much of the current staff as possible and desired, please provide the benefit plan and employer plan costs for staff under the current contract

Answer: DDOC is not involved with benefit plans provided by the Vendor for its employees.

Question: Please indicate how many juveniles adjudicated as adults are, on average, in DDOC custody.

Section: II

Sub Section: F:2

Page number: 82

Text of passage being questioned: “The Vendor must provide licensed nursing staff on-site at each correctional facility, 24 hours per day, seven days per week, 365 days per year and must provide a physician (MD/DO) to be on call and available by telephone for each facility on each shift when a physician is not available onsite- such as after hours, weekend, holidays and other hours”

Question: Does the DDOC consider all facilities in the state “correctional facilities”, or only Level V facilities as “correctional facilities”?

Answer: Yes.

Section: II

Sub Section: F:2

Page number: 82

Text of passage being questioned: “The Vendor shall ensure that each facility is staffed in sufficient numbers and professional categories to meet the needs of the inmate population based on average daily population (ADP)...”

Question: Please indicate how many juveniles adjudicated as adults are, on average, in DDOC custody

Answer: Less than 10

Question: Please indicate where juveniles are housed by facility. If only housed at SCI, please confirm

Answer: Recently the juveniles were moved to Howard T Young Correctional Institution

Question: During the site tour at Baylor Women’s Correctional Institution, it was reported that the DDOC does not house female juveniles. Please confirm.

Answer: Baylor Women’s Correctional Institution does not have female juveniles.

Question: Does the DDOC maintain sight and sound separation of juveniles from adults?

Answer: Yes.

Section: II

Sub Section: F.2.

Page number: 83

Text of passage being questioned: “The Vendor may temporarily fill a physician/APN/PA position with a locum tenens or a nurse position with a prn nurse for the short-term without incurring a price adjustment.”

Question: Please provide the number of positions (FTES by position) filled in the most recent several months by agency, locum tenen and or contract staffing

Answer: In the context of the cited RFP text we do not keep track of this data.

Section: II

Sub Section: F.2.

Page number: 83

Text of passage being questioned: “Initial staff positions shall be filled within 45 days of the contract start, and staff resignations shall be filled within 45 days of the last day the staff member works. The management fee price adjustment will be based upon a per diem reduction of the position salary. The Vendor may temporarily fill a physician/APN/PA position with a locum tenens or a nurse position with a prn nurse for the short-term without incurring a price adjustment”

Question: Could the DDOC reconcile and clarify these statements?

Answer: From contract start date the management fee is waived for the first 60 days. Thereafter refer to page 86 number 2 liquidated damages.

Question: Given that staff intending to resign under a new contract may work for a transition period for personal reasons or to assist with care continuity, during what contract time period will the 45 day from resignation date allowance be recognized.

Answer: From the last day the staff member worked. From contract start date the fee is covered for the first 60 days.

Section: II

Sub Section: G

Page number: 83

Question: Can you confirm iCHRT’s capacity to integrate with other external data systems – lab, pharmacy, telehealth, etc.? Specifically, is it FHIR compatible?

Answer: iCHRT currently has interfaces built with external data systems such as the Pharmacy and PDR systems. iCHRT also has interfaces with the internal systems such as the Offender Management System and Inmate Trust Fund Accounting system. iCHRT has the capability to utilize Web services, API, XML, HL7, X12 and other industry standard tools. However, integration with other external systems would need to be reviewed by DDOC IT and BHSM.

Section: II

Sub Section: G:a.

Page number: 84

Text of passage being questioned: “The Vendor Shall: Utilize the DDOC’s current and any future EHR/ EHR extensions to their full capacity..”

Question: Will the healthcare vendor be responsible for any fees or costs associated with the EHR other than staff costs in maintaining records?

Answer: Yes.

Question: Which parts of the EHR are fully functional?

Answer: DDOC's EHR system iCHRT has been operational since 2015. iCHRT was rolled out in multiple phases. Currently Medical Intake Screening, Medical Transfers, Scheduling, Sick Call (Medical, BH, Dental), Chronic Care(Sick Call, BH), Infirmary, Outside Consults, Physicals, Pharmacy, Behavior Health (CMHE, ASI, ITP, BH Roster, Admin Seg rounds), Dental(Sick Call, Scheduling and Encounters), Discharge Planning modules have been implemented.

Question: Which parts of the EHR are not fully functional?

Answer: PCO, Labs/Imaging Interface, DHIN Interface and Telemedicine are not yet implement but are in progress.

Question: How long does it take to document the follow services Intake, Standard clinician visit, chronic care visit, Medication administration, and Initial health assessments?

Answer: Varies depending on skill and proficiency of the healthcare personnel as well as level of cooperation and medical complexity of the patient.

Section: II

Sub Section: G:1

Page number: 83-84

Text of passage being questioned: "The DDOC currently uses an Electronic Health Record (EHR) system called iCHRT. The Vendor shall adhere to BHSM Policy A-08 Health Record relative to Electronic Health Records. The EHR is the official record for a patient."

Question: Does iCHRT EHR currently produce the reports required in RFP?

Answer: iCHRT currently provides canned reports / queries that support of the monthly reporting requirements. Any additional requirements would need to be approved DDOC IT and BHSM.

Question: Has the iCHRT EHR been restructured to address any of these concerns?

Answer: As part of the IRT recommendation, DDOC conducts bi-weekly review sessions of the iCHRT systems which include the DDOC IT, BHSM, Medical, BH, Dental vendor staff. The review team participates in these sessions and identifies requirements to enhance iCHRT. As part of this effort, some of the concerns have been addressed and it is a work in progress. In addition, Department has invested in new Hardware / Software for iCHRT which is set to be rolled in January 2020. Additional wireless access points at level 5 are scheduled to be completed in March 2020.

Question: Will vendor be allowed to use network infrastructure including internet to access EHR application and any other necessary applications required to provide medical care?

Answer: Yes, the vendor will be allowed to use DDOC's network to connect and utilize Department's EHR. All other applications have to be approved by BHSM and DDOC IT to be on DDOC's network.

Question: Does iCHRT currently support all EHR related reporting requirements mandated in the RFP?

Answer: iCHRT currently provides canned reports / queries that support of the monthly reporting requirements. Any additional requirements would need to be approved DDOC IT and BHSM.

Question: Does the current EHR iCHRT have an ONC “meaningful use” certification?

Answer: No. However, the EHR meets the overall certificate requirements.

Question: Does iCHRT offer medication and allergy lists?

Answer: Yes, the list is periodically updated based on input from Pharmacy and Medical vendors.

Question: Does iCHRT EHR specifically support chronic care visits?

Answer: Yes, EHR currently has a chronic care module and scheduling module to support chronic care visits.

Question: Does the iCHRT EHR support ICD10 and SNOMED coding?

Answer: ICD10.

Question: Does iCHRT support problem lists?

Answer: Yes, iCHRT supports problem lists.

Question: Is the iCHRT EHR currently interfaced to the DDOC OMS system? If iCHRT is integrated with the DDOC OMS system is the interface bi-directional? Yes, it is a bi-directional interface. It is a seamless tight integration between OMS and EHR.

Answer: Yes, it is a bi-directional interface. It is a seamless tight integration between OMS and EHR.

Question: Will the DDOC please provide iCHRT user manuals to allow bidders to view processes and workflows?

Answer: No.

Question: Does the iCHRT EHR support bi-directional interfaces for laboratory, pharmacy, and diagnostic imaging?

Answer: Yes, currently Pharmacy interface is operational. iCHRT supports industry standard interfaces for Labs / imaging.

Question: Please provide the vendor name and the version of the iCHRT EHR currently in use in DDOC facilities

Answer: CNT Infotech. Current Version Rel 4-2019. Rel 5-2019 is set to be rolled out in December 2019.

Question: Does the current iCHRT EHR support signature pads for electronic signing of documents by patients?

Answer: Yes.

Question: Please provide relevant contact information for iCHRT so that bidders may discuss eMAR integration solutions

Answer: This may be provided upon contract negotiation and/or award and coordinated by DDOC IT.

Question: Is DDOC open to considering a replacement EHR solution?

Answer: This is not part of this contract at this time.

Section: II

Sub Section: G:1

Page number: 84

Text of passage being questioned: "Submit help desk tickets in a timely manner for any issues with the EHR.."

Question: Will the responsibility/ability to make necessary modifications in iCHRT belong to the DDOC through the help desk?

Answer: iCHRT tickets can be reported through the help desk as well as the iCHRT review session discussed earlier. iCHRT super users review the tickets and prioritize them.

Question: Will the vendor have any responsibility for managing helpdesk requests?

Answer: No. DDOC is responsible for managing helpdesk requests.

Section: II

Sub Section: H:1

Page number: 85

Text of passage being questioned: "Monitoring and Evaluation Audits with overall scores less than threshold show a failure in compliance with DDOC. A liquidated damages phase is assessed as follows:

- Initial audit scores less than threshold. Corrective action plans re reviewed/revised as needed – \$0.00
- Re-audit conducted the following month (30 days from the initial audit). If the audit has an overall score of less than threshold, corrective action plans are reviewed/revised as needed - \$5,000
- Subsequent re-audit conducted the following month (60 days from the initial audit). If the audit has an overall score of less than threshold, corrective action plans are reviewed/revised as needed - \$7500
- Subsequent re-audit conducted the following month (90 days from the initial audit). If the audit has an overall score of less than threshold, corrective action plans are reviewed/revised as needed"

Question: Are the liquidated damage charges of \$5,000, \$7500, and \$10,000 assessments in total for the month for the overall audit falling on average below threshold? Or are these amounts applied to each evaluation item within an audit found to below threshold?

Answer: By service domain and facility.

Question: When a subsequent re-audit is performed, are damages applied when specific evaluation items found to be below threshold in the prior month continue below threshold, or when the overall average of all evaluation items is again found to be below threshold?

Answer: Re-audit will be on items found to be below threshold.

Question: Please provide the monthly trend for the current and prior two fiscal years of damages assessed under the current contract for Operations Audits.

Answer: Yes.

Section: II

Sub Section: H:1

Page number: 85

Text of passage being questioned: “The overall standard is a threshold of 85% compliance in the first year of the contract and 90% in subsequent years”

Question: If the cause of non-compliance with the Liquidated Damages – Operations Audits is out of the control of the vendor, (e.g. security restrictions/delays or security directed 911 transport against the vendor’s recommendation), will the vendor be held accountable?

Answer: If the DDOC has determined that the cause of non-compliance is due to circumstances outside of the Vendors control, then liquidated damages will not be assessed.

Section: II

Sub Section: H:1

Page number: 85-86

Text of passage being questioned: “...a BHSM tool [will be] used to measure compliance with the contract. This tool is currently under development and will be shared with the successful bidder following award of the contract.”

Question: While it is fully understood that the BHSM Monitoring and Evaluation Audit tool or tools are not yet finalized, please describe the major service delivery or content areas envisioned for these tools?

Answer: The major service delivery or content areas are listed in the RFP under Table 1 on page 57 to 60.

Question: Please describe the methodology envisioned for their application, including the anticipated frequency of BHSM audits and the anticipated sample size for each audit.

Answer: By service domain and facility.

Question: Has the DDOC imposed liquidated damages resulting from operational audits during the current contract? If so, please provide the amounts by year and by finding. This will enable bidders to better understand where challenges exist/persist.

Answer: No.

Question: Will the DDOC entertain a grace period at the start of the new contract during which liquidated damages will not be imposed to permit the new contractor to transition the program?

Answer: 60 days from the start of the contract for both staffing and operational audits.

Question: Will the threshold calculations based on BHSM audits be calculated based on individual sites or statewide?

Answer: These will be based on individual sites.

Section: II

Sub Section: H:2

Page number: 86

Text of passage being questioned: "Liquidated damages shall be imposed for statewide and facility positions left unfilled for greater than 30 calendar days or for more than 45 days in a three-month period."

Question: Will the calculation of damages for an unfilled position include the first 30 days of vacancy (or the first 45 days in a three-month period) – in other words be retroactive to the first day of vacancy?

Answer: Yes.

Question: Please provide the monthly trend of staffing liquidated damages assessed under the current healthcare contract for the current and prior two fiscal years.

Answer: None.

Section: II

Sub Section: H:2

Page number: 86

Text of passage being questioned: "The amounts for liquidated damages will be calculated based on salaries for the affected position(s)."

Question: Please confirm that it is the intent of this section that staffing damages will be calculated based on the time (hours) a position is vacant times an average hourly pay rate for the position

Referencing Appendix C - Staffing

Question: Please provide the current staffing plan to include hours per day and days per week for each position indicated

Answer: Vendor is responsible to research and determine this information as part of developing its proposal.

Question: Does the current vendor's staffing plan include the use of pharmacy technicians?

Answer: Yes.

Question: Please confirm the DDOC does desire the medical vendor to provide these MH staff and services at MCCC.

Answer: See revised Appendix C available at <https://bids.delaware.gov>

Question: Please clarify the professional degree that is required for the MH Clinician: masters or doctoral-prepared?

Answer: Masters

Question: If Psych Techs and PCO Observation are part of the required staff and services to be delivered under this procurement, please provide: Data sufficient to determine the volume of PCO observations at each facility where PCO observation takes place. The number of cells or areas used at each facility for PCO Observation

Clarification of whether more than one inmate can be observed by a single psych tech at a given

Answer: See revised Appendix C available at <https://bids.delaware.gov>

Question: Please provide a copy of any current union contracts covering healthcare staff along with current pay scales and requirements, and current benefit plans.

Answer: This contract is not subject to any union agreements. DDOC does not have this information.

Question: In Appendix C, on the James T Vaughn Correctional Center tab, there is a day, evening and night section labeled WIAC. Please provide the words that define the acronym (WIAC) and brief description of the acronym's use.

Answer: W (Building) Inmate Activity Center this W is just the name of the building in this area.

Referencing Appendix D – Professional Services Agreement

Sub Section: 3:6

Page number: 4

Text of passage being questioned: “In accordance with Policy 16.1 and the Department of Correction’s Annual Training Plan, as established by the Employee Development Center, the Provider will be required to complete the Contractual Staff Orientation prior to job assignment and any other mandatory training as may be required in the annual”

Question: Are the vendor’s staff required to participate in DDOC orientation training prior to beginning work in a DDOC facility?

Answer: Yes one day.

Question: If yes, how many hours/days are required for the training and will these training hours count toward filling a position?

Answer: One day is required for the training and it counts towards filling a position.

Section: CVOP

Page number: Excel Sheet 8

Text of passage being questioned: “While DDOC acknowledges that such coverage may be required as a temporary measure on rare occasion, for any position, this shall not occur for more than 7 consecutive days and shall not exceed 14 days in a given quarter.”

Question: Will bidders need to propose staff for CVOP though it is closed?

Answer: Yes bidders need to propose staff for CVOP upon building opening.

Question: If yes, what happens at contract start with staff and resources for CVOP?

Answer: Please reference the RFP Appendix B page 48 “The DDOC may, at its discretion repurpose any of its facilities as a level IV or level V facility. As long as this does not impact the census above or below contracted allowances, the vendor will adapt and reconfigure staff accordingly.

General Questions:

Question: Who is responsible for procuring and supporting end-user computing? If DDOC, is the vendor allowed to install approved software?

Answer: All vendors must use the State’s EHR system. However, if there are external applications to support vendor’s administrative functions, the request has to be approved DDOC IT in coordination with DTI as it has to meet State’s standards. IT supports all DDOC hardware.

Question: Who is responsible for procuring, monitoring, and maintain network infrastructure?

Answer: DDOC is responsible for procuring, monitoring, and maintaining DDOC’s network infrastructure

Question: What is the network access design and bandwidth to each facility? Does each facility have its own circuit and firewall?

Answer: Each DDOC facility has its own network

Question: Who is responsible for providing telephony services?

Answer: DDOC provides telephony services within DDOC facilities.

Question: Is there an existing wireless network deployed? If so, to what extent?

Answer: DDOC has existing and implementing new wireless networks in Level V facilities.

Question: Do fax services exist? If so, is the vendor responsible for providing and maintaining lines?

Answer: Vendor is responsible for their own FAX lines.

Question: Are there multi-function copier/printer/scanners in use for healthcare staff? If so, who is responsible for support & maintenance?

Answer: Yes. DDOC is responsible for support and maintenance.

Question: Are offenders permitted to wear or utilize wearable/mobile medical devices for health care tracking and treatment?

Answer: Not at this time.

Question: Can you provide statistical data for utilization of off-site care?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: What is the number of send-outs for the facilities (preferably by specialty)?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: What is the annual cost to DOC for security escorts on send outs for off-site care?

Answer: DDOC covers the cost of security escorts on send outs for off-site care.

Question: What is the percentage or number of inmates being treated for high utilization disorders? a. Diabetes, b. Hypertension and c. Acute cardiac care?

Answer: Refer to appendix F available at <https://bids.delaware.gov>

Question: The ADP chart provided with Addendum 1 shows a 698 (12%) drop in the ADP from October 2018 to March 2019. Could the DDOC provide an explanation for such a significant decline?

Answer: Legislative changes leading to bail reform and a temporary move of 300 plus inmates to Pennsylvania.

Question: How many AEDs are on site per facility?

Answer: Each facility AED needs have been met.

Question: Who is responsible for maintaining the AEDs—the Contractor or the State?

Answer: DDOC is responsible for maintaining AED's.